

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018606** | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4		/				
5		/				
6		/				
7		/				
8		/				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	22	↔	↔	↔	↔	
TOTAL CLAIMS	24	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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